

COPYDUPLICATE NO. BWH95-01A2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

POLYCLONATION - SENSING RECEPTOR IN AQUATIC SPECIES AND METHODS OF USE THEREOF

the specification of which (check one)

☐ is attached hereto.☒ was filed on September 28, 1998, as United States ApplicationNumber or PCT International Application No. 09/162,021

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Not Claimed	Certified Copy Filed?	
			YES	NO	
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number) _____

(Filing Date) _____

(Application Number) _____

(Filing Date) _____

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